

DIVISION of INDUSTRY SERVICES  
 PO Box 7302  
 Madison, Wisconsin 53707-7302  
 Fax 262-267-9723



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1) (m)].

## GAS SYSTEM (LPG, CNG, LNG AND HYDROGEN) ACCIDENT REPORT

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

**SPS 340.39 Reporting of accidents.** Whenever gas system equipment or system components fail and cause injury to any person, the owner or user shall report in writing the facts involved to the department within the following 24 hours. The owner or user may not remove or disturb gas system equipment or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or preventing further property damage. This section applies to those gas systems that are required to obtain department plan approval under s. SPS 340.30.

**If an accident has occurred the department may be contacted at Phone: (608) 266-2112 during normal business hours. The State Division of Emergency Management can be contacted at (800) 943-0008 during non-business hours.**

Name of Injured:	Date of Injury:	Time of Injury:
Address:	City:	State:
Nature of Injury:		Telephone:

Did Accident Cause a Fatality:  Yes  No

Was Gas Storage(systems) or parts moved:  Yes  No      Contractor / Inspector Notified:  Yes  No  
 If Yes Reason: \_\_\_\_\_ If Yes Name(s) and Telephone Number(s) \_\_\_\_\_

Describe fully how accident occurred and state what injured was doing when the accident occurred, Include attachment if necessary:

Name(s) and Telephone Number(s) of Witness:

Name of Person Filing Report (Please Print Clearly)	Date of Last Inspection:
	Company or Firm
Signature of Person Filing Report	Date of this Report

**This Report Must Be Filed With the Department of Safety and Professional Services in Writing within 24 Hrs of Accident**

**A Copy of This Report Should Be Forwarded to the Owner**